

## Montana Medicaid - Fee Schedule Therapeutic Group Home

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

# **Montana Medicaid - Fee Schedule** **Therapeutic Group Home**

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
Z0640		THERAPEUTIC YOUTH GROUP HOME LEAVE MODERATE LEVEL PER DAY	7/1/1999	FEE SCHED	\$84.16		
Z0641		THERAPEUTIC YOUTH GROUP HOME LEAVE CAMPUS-BASED PER DAY	7/1/1999	FEE SCHED	\$127.40		
Z0642		THERAPEUTIC YOUTH GROUP HOME LEAVE INTENSIVE LEVEL PER DAY	7/1/1999	FEE SCHED	\$156.00		
Z0670		THERAPEUTIC YOUTH GROUP HOME MODERATE LEVEL PER DAY	7/1/1999	FEE SCHED	\$84.16		Y
Z0671		THERAPEUTIC YOUTH GROUP HOME INTENSIVE LEVEL PER DAY	7/1/1999	FEE SCHED	\$156.00		Y
Z0672		THERAPEUTIC YOUTH GROUP HOME CAMPUS BASED PER DAY	7/1/1999	FEE SCHED	\$127.40		Y
Z0690		MODERATE YOUTH GROUP HOME -- ROOM AND BOARD PER DAY	7/1/1999	FEE SCHED	\$24.18		Y
Z0691		INTENSIVE YOUTH GROUP HOME -- ROOM AND BOARD PER DAY	7/1/1999	FEE SCHED	\$28.98		Y
Z0692		CAMPUS-BASED YOUTH GROUP HOME ROOM AND BOARD PER DAY	7/1/1999	FEE SCHED	\$28.75		Y

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